



Suffolk County Department of Social Services
FCSA Child Care Bureau

CASE NUMBER

SELF-EMPLOYMENT WORKSHEET

TO BE COMPLETED AND SIGNED BY APPLICANT FOR DAY CARE SERVICES

APPLICANT, NAME (FIRST) (M.I.) (LAST)	BUSINESS NAME
APPLICANTS ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)	BUSINESS ADDRESS
APPLICANT'S TELEPHONE NO.	BUSINESS TELEPHONE NO.
AREA CODE	AREA CODE

FINANCIAL STATUS (FARM OR BUSINESS)

NOTE: Depreciation, personal expenses, and entertainment, personal transportation, purchase of capital equipment and payments of the principals on loans are NOT allowable deductions. Losses from previous years are also NOT deductible. The applicant should complete this form and return it with adequate documentation. Incomplete or ambiguous information will not be accepted.

	MONTH ONE	MONTH TWO	MONTH THREE
	FROM: _____ TO: _____	FROM: _____ TO: _____	FROM: _____ TO: _____
I. BUSINESS INCOME	GROSS INCOME	GROSS INCOME	GROSS INCOME
Gross Sales	\$ _____	\$ _____	\$ _____
Inventory Purchases	_____	_____	_____
Gross Income (line 1 minus line 2)	3a	3b	3c
II. BUSINESS EXPENSES	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
4. Telephone	\$ _____	\$ _____	\$ _____
5. Supplies	_____	_____	_____
6. Heat/Utilities	_____	_____	_____
7. Advertising	_____	_____	_____
8. Interest	_____	_____	_____
9. Insurance	_____	_____	_____
10. Bank Charges	_____	_____	_____
11. Repairs	_____	_____	_____
12. Business Taxes	_____	_____	_____
13. Business Vehicle Expenses	_____	_____	_____
14. Business Rent	_____	_____	_____
A. Property	_____	_____	_____
B. Equipment	_____	_____	_____
15. Other Expenses (Specify)	_____	_____	_____
III. INCOME SUMMARY	SUMMARY	SUMMARY	SUMMARY
16. TOTAL Business Expenses (lines 4 thru 15)	16a	16b	16c
17. NET INCOME (line 3 minus line 16)	17a (3a minus 16a)	17b (3b minus 16b)	17c (3c minus 16c)

SHADED AREATO BE COMPLETED BY DSS

THREE MONTH TOTAL NET INCOME	THREE MONTH AVERAGE NET INCOME (Line 18 divided by 3)
MONTH ONE (17a) \$ _____	THREE MONTH TOTAL
MONTH TWO (17b) \$ _____	(Line 18) \$ _____ = _____
MONTH THREE (17c) \$ _____	3 3 Month Average
18. THREE MONTH TOTAL \$ _____	CHILD CARE WORKER'S SIGNATURE::
	DATE SIGNED

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS WORKSHEET IS TRUE AND ACCURATE.

DATE APPLICANT BECAME SELF-EMPLOYED / BUSINESS BEGAN:	APPLICANT'S SIGNATURE	DATE SIGNED
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INSTRUCTIONS ON HOW TO COMPLETE THE SELF-EMPLOYMENT WORKSHEET

TO BE COMPLETED BY ALL SELF-EMPLOYED APPLICANTS FOR DAY CARE SERVICES

APPLICANT INFORMATION

- | | |
|-------------|----------------------|
| u Name | u Business name |
| u Address | u Business address |
| u Telephone | u Business telephone |

FINANCIAL STATUS (FARM or BUSINESS)

I. BUSINESS INCOME

- ◆ Gross sales each month
- ◆ New inventory purchases
- ◆ Deduct new inventory purchases from gross sales to determine gross income.

II. BUSINESS-RELATED EXPENSES ONLY

- ◆ If telephone is not used exclusively for business, documentation should be produced to determine how much is business related.
- ◆ Supplies (*specify*) required to conduct self-employment.
- ◆ If heat/utilities are residential accounts, records such as Schedule C from last year's income taxes should be provided to determine how much is business related.
- ◆ If advertising contract is for more than three months, produce contract or other proof to determine percent of cost for one, two, or three month period,
- ◆ Provides statement or other proof to determine amount of Interest paid for one, two, or three month period.
- ◆ Provide contract or other proof to determine amount of Insurance for one, two, or three month period.
- ◆ Provide bank statements indicating amount of bank charges incurred for one, two, or three month period.
- ◆ Provide paid repair bills associated with repairs of required equipment incurred for one, two, or three month period.
- ◆ Provide tax bills required to be paid to determine pro-rated expense for one, two, or three month period.
- ◆ Provide required business vehicle logbook to determine monthly expenses.
- ◆ Provide contract or other proof to determine amount of rental charges required to be paid which were incurred for one, two, or three month period.
- ◆ Provide appropriate documentation to justify any other miscellaneous (*specify*) monthly expenses.

III. INCOME SUMMARY

- ◆ Total lines 4-15 for each month to determine total monthly business deductions.
- ◆ To determine net income for each month, deduct 16a from 3a, 16b from 3b, and 16c from 3c.

TO BE COMPLETED BY DSS

THREE MONTH TOTAL NET INCOME

Add month one, month two, and month three to determine three month total net income.

THREE MONTH AVERAGE NET INCOME

Divide three month total by three to determine three month average.

CCB-6010-005 (Rev. 02/2015)

www.suffolkcountyny.gov/departments/socialservices